

Utah Department of
Workforce Services
Unemployment Insurance
140 East 300 South
P.O. Box 45233
Salt Lake City, Utah 84145-0233
TEL (801) 526-9400

EMPLOYER'S UTAH REGISTRATION NUMBER

DUE DATE

QTR YR

EMPLOYER'S CONTRIBUTION REPORT

1. NUMBER OF EMPLOYEES
EMPLOYEE COUNT FOR

1st MO.	2nd MO.	3rd MO.
2. SEE REVERSE SIDE FOR NEW HIRE REPORTING REQUIREMENTS

--
3. TOTAL WAGES PAID DURING QUARTER
(ROUND TO NEAREST DOLLAR) \$

--
4. WAGES IN EXCESS OF \$
(SEE INSTRUCTION 4) \$

--
5. WAGES SUBJECT TO CONTRIBUTION \$

--
6. CONTRIBUTION RATE

--
7. CONTRIBUTION DUE \$

--
8. INTEREST \$

--
9. PENALTY \$

--

MINIMUM PENALTY \$25.00
- 10.
11. TOTAL PAYMENT DUE \$

--

SEE REVERSE SIDE FOR INSTRUCTIONS

EMPLOYER'S UTAH REGISTRATION NUMBER

QTR YR

EMPLOYER'S FEDERAL IDENTIFICATION NUMBER

IF MISSING OR INCORRECT,
ENTER CORRECT NUMBER

EMPLOYER'S TELEPHONE NUMBER

IF MISSING OR INCORRECT,
ENTER CORRECT NUMBER

☐ ACCOUNT SHOULD BE CLOSED BECAUSE

☐ OUT OF BUSINESS NO SUCCESSOR EFFECTIVE DATE _____

☐ OWNERSHIP CHANGED EFFECTIVE DATE _____

NEW OWNERS _____

NEW NAME OF BUSINESS _____

NEW ADDRESS _____

% OF ASSETS SOLD _____

☐ DATE OF LAST EMPLOYMENT IN UTAH _____

☐ CHANGE NAME OR ADDRESS (NO CHANGE IN OWNERS)

NEW NAME _____

NEW ADDRESS _____

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I CERTIFY THAT THIS
REPORT IS TRUE AND
CORRECT TO THE BEST
OF MY KNOWLEDGE.

SIGNED

TITLE

DATE

DO YOU NEED ADDITIONAL QUARTERLY WAGE LIST FORMS? YES ☐

DWS-UI Form 3 Rev 7-06

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